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TRANSMITTAL FORM

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Application Number	10/714,163
Filing Date	November 13, 2003
First Named Inventor	Lawrence M. KAUVAR
Art Unit	1641
Examiner Name	David J. Venci
Attorney Docket Number	388512010411

ENCLOSURES (Check all that apply)							
X Fee Transr duplicate)	nittal Form (1 +	Drawing(s)		After Allowance Communication to TC			
Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendmer	nt/Reply	Petition		X Appeal Communication to TC (Notice of Appeal) (1 page)			
After	Final	Petition to Convert to a Provisional Application		Proprietary Information			
Affida	avits/declaration(s)	Power of Attorney, Revocation Change of Correspondence		Status Letter			
X Extension of Time Request (1 page)		Terminal Disclaimer		X Other Enclosure(s) (please Identify below):			
Express At	pandonment Request	Request for Refund		Return Receipt Postcard			
Information	Disclosure Statement	CD, Number of CD(s)					
Certified Control Document(opy of Priority s)	Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application							
Reply to Missing Parts under 37 CFR 1.52 or 1.53				·			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
rirm Name	MORRISON & FOERSTER LLP						
Signature	Signature Call Reg No 39, 183						
Printed name	nted name Kate H. Murashige						
Date 0	September 28, 2005			29,959			

I hereby certify that this corresponden	ce is being deposit	ed with the U.S.	Postal Service with	sufficient postage as	First Class Mail, in
an envelope addressed to: MS AF, C	ommissioner for Pa	atents/P.O. Box	1450, Alexandria, V	A 22313-1450, on the	e date shown below.
Dated: Contember 28, 2005	Cianatura	Atria.	~P11.	(Chrony I May	a\

Dated: September 28, 2005

PTO/SB/17 (12-04v2)
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FEE TRANSMITTAL FOR Y 2005 X Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (5) 475.00 Attomety Docket No. 388512010411 METHOD OF PAYMENT (check all that apply) Applicant claims small entity status. See 37 CFR 1.27 Check Credit Card Money Order None Other (please identify): September 1.2000 Attomety Docket No. 388512010411 METHOD OF PAYMENT (check all that apply) Mone Other (please identify): September 2.2000 Other (please identify): Check Credit Card Money Order None Other (please identify): Money Order None Other (please identify): Check Credit Card Money Order None Other (please identify): Check Charge ene(s) indicated below See (s) Fee (s	·			Complete if Known					
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FOR FY 2005 First Named Inventor Exeminer Name David J Venci				Filing Date		November 13, 2003			
Application Type Fee (3) Fee (KAUVAR		
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